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FACSIMILE TRANSMISSION COVER SHEET

Date: June 30, 2004

To: United States Patent and Trademark Office
Examiner: Robert R. Koehler; Art Unit: 1775

Fax: (703) 872-9306

Re: **Application Serial No.: 10/082,433**
Filing Date: 2/22/2002; First Named Inventor: Sergey Lopatin
Attorney Docket No.: 0180214

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 22

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated April 6, 2004 and Replacement Sheet (2 pages).

Thank you.

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Attorney Docket No.: 0180214

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AMENDMENT COVER SHEET

IN RE APPLICATION OF: Lopatin, et al.

SERIAL NO.: 10/082,433 FILED: February 22, 2002

FOR: Method of Controlling Zinc-Doping in a Copper-Zinc Alloy Thin Film Electroplated on a Copper Surface and a Semiconductor Device Thereby Formed

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.
- The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- TOTAL EXTENSION FEE \$ 0.00
- FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180214

Total fee for Supplemental Information Disclosure Statement \$

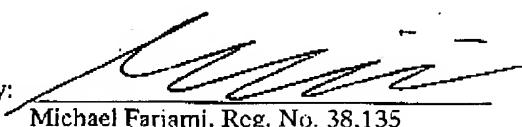
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The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 6/30/04

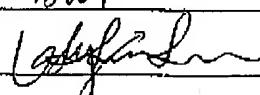
By:


Michael Farjami, Reg. No. 38.135CERTIFICATE OF FACSIMILE TRANSMISSION

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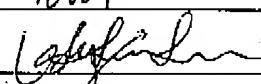
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